

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-7-05 2 Serial/Patent # 10/519273

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 100

8 TO BE REFUNDED BY:

10 REASON:	Treasury Check							
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment	9 <table border="1" style="display: inline-table;"><tr><td>2</td><td>3</td><td>--</td><td>0</td><td>6</td><td>5</td><td>0</td></tr></table>	2	3	--	0	6	5	0
2	3	--	0	6	5	0		

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

TITLE: Paralegal Specialist

SIGNATURE: John Anderson

PHONE: 308-9140 ext 211

OFFICE: PCT - DO/EO

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APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Refund Branch
Crystal Park One, Room 802B